

Demographic Details

First Name

Naphthali

Middle Name

Red Mateo

Last Name *

Alinsod

Previous Name(s)

Red Alinsod, Red M. Alinsod, Red Mateo Alinsod, Naphthali

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Gender

Male

Date of Birth

-1959

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Public Information

Military Detail

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance

Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address

✉

Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

Public Address

Street Address

30132 Silver Spur Road

Address Line 2

City

San Juan Capistrano

County

Orange

ZIP / Postal Code

92675

State / Province

California

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(818) 404-0044

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)



City (Mailing)

State / Province (Mailing)



County (Mailing)

County (Mailing)


Application Status

Applicant *	Alinsod, Naphthali Red Mateo	
Application Number	<input type="text"/>	
License Issued?	<input type="radio"/> Yes <input type="radio"/> No	
Application Status	Pending Requirements	
Assigned To	<input type="text"/>	
Manual Paper Application?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
License ID Card Conditions (max 120 characters)	<input type="text"/>	

License Details (Pre-Approval)

License Category	Medical Doctor	
Obtained By	Nat. Boards	
Expected Issue Date	<input type="text"/>	
Credentials / Degree Suffix (Enter before approval!)	M.D.	
Expected Expiration Date	<input type="text"/>	

Application Details

Application Type	Medical Doctor - Active	
Application Date *	<input type="text"/>	
Submitted Date	<input type="text"/>	
Application Step	# <input type="text"/>	
Reviewed Date	<input type="text"/>	
Decision Date	<input type="text"/>	
Approved Date	<input type="text"/>	
Expiration Date	<input type="text"/>	
Have you ever served in the United States Military (to include National Guard or Reserves)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Invoices

Application Invoice	<input type="text"/>
Application Payment Date	<input type="text"/>

Licensure Invoice

Dropdown menu with a calendar icon.

Licensure Payment Date

Calendar icon.

Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

Not subject to a court order

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Examination Details

Licensee / Applicant	Examination Type	Attended Date
Alinsod, Naphthali Red Mateo	National Board of Medical Examiners (NBME)	Mar-04-1987
Alinsod, Naphthali Red Mateo	National Board of Medical Examiners (NBME)	Apr-01-1986
Alinsod, Naphthali Red Mateo	National Board of Medical Examiners (NBME)	Jun-12-1984

Examination Details

Licensee / Applicant *

Alinsod, Naphthali Red Mateo



Attended Date

Jun-12-1984



Number of Attempts

1

Application

Application - Alinsod, Naphthali Red Mateo



Location

Loma Linda, California

Result

455

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date

Jun-12-1984



Expiration Date



Examination Details

Licensee / Applicant *

Alinsod, Naphthali Red Mateo



Attended Date

Apr-01-1986



Number of Attempts

1

Application

Application Alinsod, Naphthali Red Mateo



Location

Loma Linda, California

Result

470

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes No

Steps

2

Certificate Number

Exam Date

Apr-01-1986



Expiration Date



Examination Details

Licensee / Applicant *

Alinsod, Naphthali Red Mateo



Attended Date

Mar-04-1987



Number of Attempts

1

Application

Application

Alinsod, Naphthali Red Mateo



Location

Loma Linda, California

Result

475

Examination Type

National Board of Medical Examiners (NBME)



Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date

Mar-04-1987



Expiration Date



Board Certification Details

Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Alinsod, Naphthali Red Mateo	American Board	N/A	Obstetrics/Gynecology	Dec-11-1992	Dec-31-2021

Board Certification Details

Licensee / Applicant

Specialty

Certifying Board

Other Certifying Board

Initial Certification Date

Recertification Date


Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Education Details

License/Applicant	Education Type ↑	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
Alinsod, Naphthai Red Mateo	Medical School	Loma Linda University School of Medicine	Medical Doctor Degree	Jul-26-1982	Jun-01-1986	Jun-01-1986

Education Details

Licensee/Applicant *

Alinsod, Naphthali Red Mateo



Address

11234 Anderson Street

City

Loma Linda

State / Province

California

Zip / Postal Code

92350

Country

United States



Application

Application - Alinsod, Naphthali Red Mateo



Specialty Type



Name of School

Loma Linda University School of Medicine

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Jul-26-1982



Date To

Jun-01-1986



Did you graduate from the program?

Yes No

Graduation Date

Jun-01-1986



Major Program

Postgraduate Training Details

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type ▼
Alinsod, Naphthali Red Mateo	Loma Linda University Health Education Consortium Program	Obstetrics/Gynecology	Jul-01-1986	Jun-30-1990	Residency

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Other License Details

License/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Alinsod, Naphthali Red Mateo	G61979	Physician and Surgeon G	Dec-14-1987	Sep-30-2023	California
Alinsod, Naphthali Red Mateo	6319	Unrestricted	Sep-21-1991	Jul-01-1997	Nevada
Alinsod, Naphthali Red Mateo	14634	Institutional Permit	Oct-04-1988	Oct-04-1989	Texas

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Alinsod, Naphthali Red Mateo



License Type

Unrestricted

Licensing Board or Regulatory Authority

Nevada State Board of Medical Examiners

License Status

Suspended - Non Pay

License Number

6319

Issue Date

Sep-21-1991



State / Province

Nevada

Expiration Date

Jul-01-1997



Country

United States



Notes

Application

Application

Alinsod, Naphthali Red Mateo



Other License Details

Licensee/Applicant

Alinsod, Naphthali Red Mateo



Licensing Board or Regulatory Authority

Texas Medical Board

License Number

14634

State / Province

Texas

Country

United States



Application

Application - Alinsod, Naphthali Red Mateo



License Type

Institutional Permit

License Status

Expired

Issue Date

Oct-04-1988



Expiration Date

Oct-04-1989



Notes

Hospital Details


Licensee / Applicant	Name of Organization	Start Date	End Date
Alinsod, Naphthali Red Mateo	Irvine Specialty Surgery Center	Jan-01-2007	Feb-29-2024

Hospital Details

Licensee / Applicant

Application

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1

Street Address Line 2

City

State / Province

ZIP / Postal Code

Country

Application Activity Details

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Alinsod, Naphthali Red Mateo	George Air Force Base	Jul-01-1990	Aug-31-1991	100
Alinsod, Naphthali Red Mateo	Nellis Air Force Base	Sep-01-1991	Aug-31-1994	100
Alinsod, Naphthali Red Mateo	Facey Medical Group	Sep-10-1994	Dec-31-2004	100
Alinsod, Naphthali Red Mateo	South Coast Urogynecology, Inc.	Jan-01-2005	Feb-29-2024	100

Application Activity Details

Licensee / Applicant

Alinsod, Naphthali Red Mateo



Name of Organization / Institution

George Air Force Base

Start Date

Jul-01-1990



End Date

Aug-31-1991



Percent Clinical *

100

Position

Physician

Application

Application - Alinsod, Naphthali Red Mateo



Activity Type

Military Assignment



Location Details

Street Address 1

35th Medical Group

Country

United States



City

Victorville

State / Province

California

Zip / Postal Code

92394

Application Activity Details

Licensee / Applicant

Alinsod, Naphthali Red Mateo



Name of Organization / Institution

Nellis Air Force Base

Start Date

Sep-01-1991



End Date

Aug-31-1994



Percent Clinical *

100

Position

Physician

Application

Application - - Alinsod, Naphthali Red Mateo



Activity Type

Military Assignment



Location Details

Street Address 1

554 Medical Group

Country

United States



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89191

Application Activity Details

Licensee / Applicant

Alinsod, Naphthali Red Mateo



Name of Organization / Institution

Facey Medical Group

Start Date

Sep-10-1994



End Date

Dec-31-2004



Percent Clinical *

100

Position

Physician

Application

Application - Alinsod, Naphthali Red Mateo



Activity Type

Medical Practice/Physician



Location Details

Street Address 1

11333 Supelveda Blvd.

Country

United States



City

Mission Hills

State / Province

California

Zip / Postal Code

91345

Application Activity Details

Licensee / Applicant

Alinsod, Naphthali Red Mateo 

Name of Organization / Institution

South Coast Urogynecology, Inc.

Start Date

Jan-01-2005 

End Date

Feb-29-2024 

Percent Clinical *

100

Position

Physician

Application

Application - - Alinsod, Naphthali Red Mateo 

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

31852 Coast Highway

Country

United States 

City

Laguna Beach

State / Province

California

Zip / Postal Code

92651

Military Service Details

Licensee / Applicant	Branch of Service	Military Occupation Specialty	Start Date	End Date
Alinsod, Naphthai Red Mateo	U.S. Air Force	Medical Services	Jul-01-1982	Aug-31-1994

Military Service Details

Licensee / Applicant *

Alinsod, Naphthali Red Mateo



Military Occupation Specialty *

Medical Services



End Date

Aug-31-1994



Are you still serving?

Yes No

Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?

Yes No

Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?

Yes No

Branch of Service *

U.S. Air Force



Start Date *

Jul-01-1982



Application

Application - - Alinsod, Naphthali Red Mateo



Have you ever served on active duty in the Armed Forces of the United States?

Yes No

Did you separate from service under conditions other than dishonorable?

Yes No

Specialty Details

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Allinsod, Naphthali Red Mateo	Obstetrics/Gynecology	Yes	N/A	N/A

Specialty Details

Licensee / Applicant *

Alinsod, Naphthali Red Mateo 

Effective Date



Application

Application - - Alinsod, Naphthali Red Mateo 

Primary Specialty?

Yes No

Specialty Type *

Obstetrics/Gynecology 

Other (Specialty)

End Date



Declarations

Ordinal † ▼	Licensee/Applicant ▼	Declaration Question ▼	Answer ▼
1	Alinsod, Naphthali Red Mateo	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
2	Alinsod, Naphthali Red Mateo	MD, PA – Q2 – Medical Condition Field of Practice	No
3	Alinsod, Naphthali Red Mateo	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
4	Alinsod, Naphthali Red Mateo	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
5	Alinsod, Naphthali Red Mateo	ALL – Q5 – Named Defendant Respond to Legal Action	Yes
6	Alinsod, Naphthali Red Mateo	ALL – Q6 – Malpractice Claim Paid	Yes
7	Alinsod, Naphthali Red Mateo	ALL – Q7 – Arrest Question	No
8	Alinsod, Naphthali Red Mateo	MD – Q8 – Denied License / Permission to Practice Medicine	No
9	Alinsod, Naphthali Red Mateo	MD – Q9 – Medical License Revoked	No
10	Alinsod, Naphthali Red Mateo	MD, PA – Q10 – Controlled Substance Registration	No
11	Alinsod, Naphthali Red Mateo	MD – Q11 – Voluntarily Surrendered a License	No
12	Alinsod, Naphthali Red Mateo	MD – Q12 – Denied Membership	No
13	Alinsod, Naphthali Red Mateo	MD – Q13 – Investigation – Respond To/Notify Of	No
14	Alinsod, Naphthali Red Mateo	MD – Investigation Disciplinary during Training Program	No
N/A	Alinsod, Naphthali Red Mateo	MD, Previously applied for licensure in Nevada.	Yes
N/A	Alinsod, Naphthali Red Mateo	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No

Declaration

Licensee/Applicant

Alinsod, Naphthali Red Mateo



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Ordinal

#

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application

Application - Alinsod, Naphthali Red Mateo



Renewal



Declaration

Licensee/Applicant

Alinsod, Naphthali Red Mateo



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Ordinal

#

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application - Alinsod, Naphthali Red Mateo



Renewal



Declaration

Licensee/Applicant

Alinsod, Naphthali Red Mateo



Declaration Question

MD, Previously applied for licensure in Nevada.



Answer

Yes No

Ordinal

#

Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To

Application

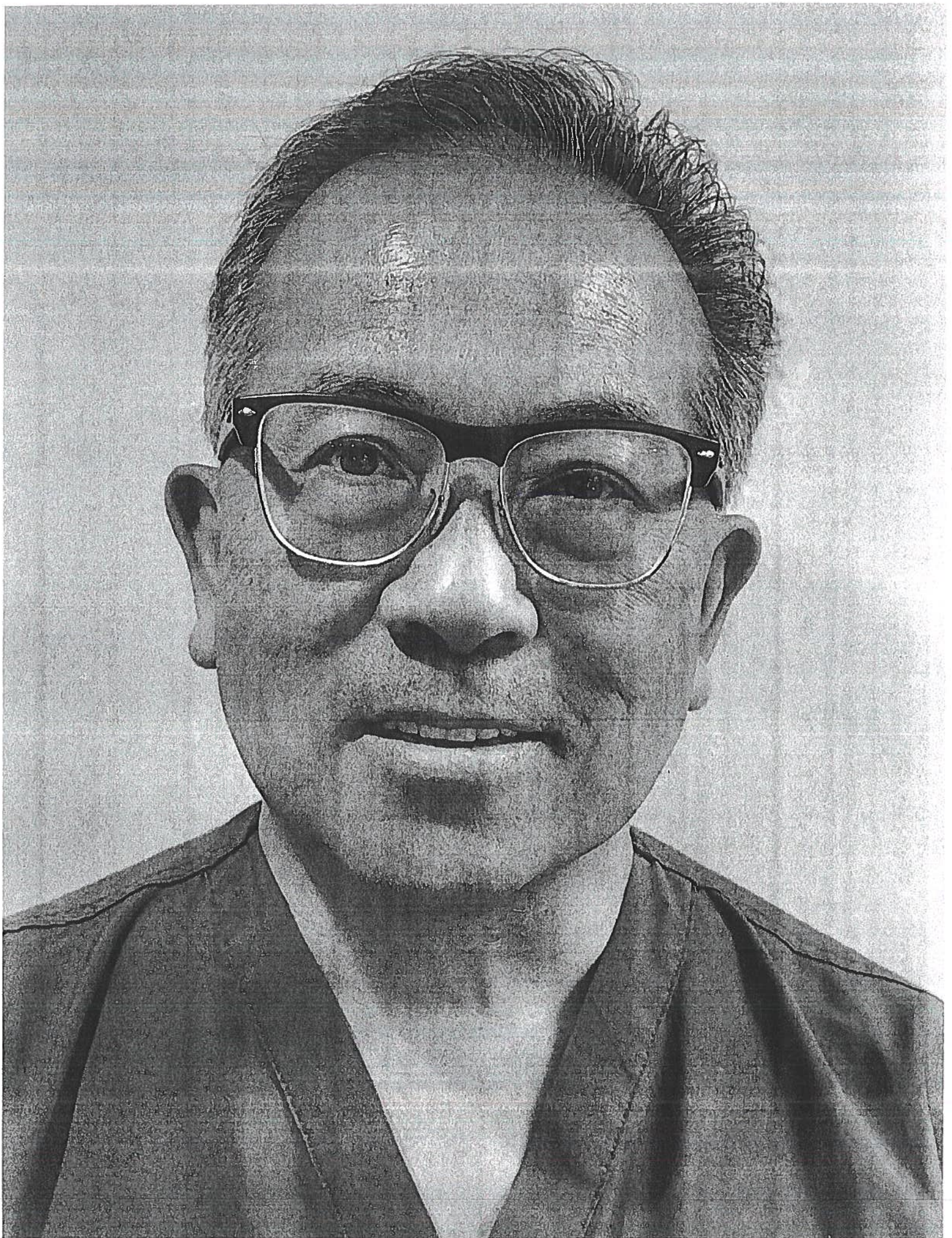
Application

Alinsod, Naphthali Red Mateo



Renewal





RECEIVED

OCT 05 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name Naphtholi Red Mateo Alinsod

Sign your name _____

Date 10/4/22

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.